

PLANNING FOR HEALTH AND WELL BEING IN HEREFORDSHIRE

DISCUSSION PAPER

(10 June 2011)

1 Purpose

1.1 The purpose of this paper is to:

- *Review progress to date with the establishment of a HWBB in Herefordshire*
- *Explore the key issues we need to address for the new arrangements and how this links to other health and social care developments*
- *Agree key milestones for the Shadow year – the first year is as much about organisational development as putting in place new governance and processes*

1.2 The Discussion Paper has been designed for Workshop sessions and stakeholder consultation, where these questions (and any others) can be explored in detail. The paper will be used to seek views from a wide variety of people and organisations who may have a view about health and well being in Herefordshire.

1.3 The first “shadow” year for the Health and Well Being Board is seen as an important opportunity to develop a countywide conversation about what the new arrangements should aim to achieve and what the priorities are for health and well being in Herefordshire. A consensus around this and a common language will help to embed the changes and bring success.

1.4 A Facilitator is being engaged to provide support and challenge to the Shadow Health and Well Being Board in the exploration of these issues. The Facilitator will work with the Board and stakeholder groups during the first year of planning.

2 Progress To Date

2.1 So far in Herefordshire we have:

- *Established Herefordshire as one of the “Early Implementers” for a HWBB and have engaged in DoH meetings about this (we have also had a number of queries from other parts of the country about our plans)*
- *Produced a discussion paper on how a HWBB might work locally, to raise awareness about the importance of the new arrangements*
- *Held a Stakeholder Consultation event (21 February) on the Public Health White Paper and the HWBB*
- *Established a Shadow Health and Well Being Board for Herefordshire (Council decision 4 March 2011)*
- *Held the first meeting of the Shadow Board – on 14 April 2011 to agree the scope of this Discussion Paper*

2.2 The key points from The Kindle Centre event on 21 February were as follows:

Stakeholder Event - Key Points
<ul style="list-style-type: none">▪ <i>Enthusiasm for the concept of a HWBB</i>▪ <i>Strong desire to get real community engagement in this, at many levels</i>▪ <i>Must focus on a few priority areas and target vulnerable groups, we cannot do everything</i>▪ <i>Links to employment, economy, education etc are important</i>▪ <i>Big opportunities to join up partners, budgets, intelligence, knowledge, skills etc to deliver better outcomes</i>▪ <i>Must avoid duplication between the roles of the HWBB and the Herefordshire Partnership</i>

2.3 A Health and Well Being Partnership Group has been part of the Herefordshire Partnership for several years. This Group held its final meeting on 29 March. The Group produced a “Legacy Paper” for the new HWBB with recommendations on the future direction for HWB. The key points from this

- 2.4 As an Early Implementer it is clearly important that we make visible progress: the proposed workshop event is intended to identify what the key next steps are.

Health and Well Being Partnership Group – Legacy Issues

- *The Health and Wellbeing Partnership Group acknowledged the recent achievements in improving population health, including the development of plans for the improvement of population health in Herefordshire.*
- *The new Health and Wellbeing Board should take account of the work of the Health and Wellbeing Partnership Group as highlighted in the Transition Report*
- *The important relationship between work and health needs to be recognised, along with the other factors influencing health, in future plans for improving population health and wellbeing*
- *The move of Public Health to the Local Authority and the establishment of the Health and Wellbeing Board will provide greater opportunities to address the influences which underpin health and wellbeing such as employment, housing, education and regeneration. The role of partner organisations from across the voluntary, public and private sectors in improving population health should not be underestimated*
- *The Health and Wellbeing Board and Herefordshire Partnership will have a pivotal role to play in achieving success and ensuring that health and wellbeing are seen as being everyone’s business*

- 2.5 The Shadow Board is determined to build on our achievements so far, to capitalise on stakeholder enthusiasm for the potential of the new HWBB arrangements and to maintain momentum on Herefordshire’s Early Implementer status. Addressing the questions in this discussion paper is seen as crucial to this ambition.

3 Planning for Health and Well Being in Herefordshire

- 3.1 A Discussion Paper on the HWBB was produced in January 2011 to start a local debate about the new arrangements (including at the Kindle Centre event). The Discussion Paper has been developed in the light of the views received so far and consideration at the Shadow Board meeting on 14 April 2011. This Discussion Paper has now replaced the earlier paper.
- 3.2 A number of key questions need to be debated during the “shadow” stage about health and well being in Herefordshire, the fundamental purpose of the HWBB and how we will make a difference.
- 3.3 A key principle that people have been clear about from the outset is that we must ensure we don’t simply focus on establishing a new piece of governance, but that we think through *how we can use the new arrangements to transform health and well being outcomes for Herefordshire residents.*

Key Issues

- 3.4 The following 10 key issues are suggested for discussion at the Workshop Session(s) and through stakeholder consultation (other topics can also be addressed):

KEY ISSUE	POSSIBLE OUTCOMES
1. Defining Health and Well Being	<ul style="list-style-type: none"> ▪ Shared understanding of what “health and well being” means ▪ Shared vision of what we want to achieve for Herefordshire through the new arrangements ▪ Shared understanding of the statutory health and well being requirements for the Board
2. The Operation of the Board	<ul style="list-style-type: none"> ▪ Right Board membership ▪ Secretariat in place to support the Board: clear and effective governance ▪ Subject matter expertise (capacity and capability) in place to deliver aims across many agencies
3. Links with Other Parts of the System	<ul style="list-style-type: none"> ▪ Mapping of relevant stakeholders etc ▪ Clear understanding of respective roles and responsibilities ▪ Effective communications
4. Joint Strategic Needs Assessment	<ul style="list-style-type: none"> ▪ Fully integrated assessment of health and well being for all ages ▪ Assessment of the needs of different localities

(new title to be agreed)	<ul style="list-style-type: none"> ▪ Alignment of needs assessment and mapping of resources across agencies
5. Health and Well Being Strategy	<ul style="list-style-type: none"> ▪ Comprehensive system wide plan addressing the broad determinants of health and well being ▪ Clear and manageable set of priorities, but with some quick wins ▪ Funding aligned to priorities ▪ Measurable improvements in health and well being in Herefordshire
6. Public Accountability and Community Engagement	<ul style="list-style-type: none"> ▪ High profile for health and well being in Herefordshire ▪ Public engagement in the work of the Board ▪ Increase in personal responsibility for health and well being
7. Delivery	<ul style="list-style-type: none"> ▪ Integration of health and well being services, interventions and workforce ▪ Pooled budgets ▪ Local delivery teams working in each of the 9 localities
8. Performance Management	<ul style="list-style-type: none"> ▪ Evidence based performance improvements ▪ Return on investment ▪ Performance outcomes supported by qualitative evidence of effective local delivery
9. Organisational Development	<ul style="list-style-type: none"> ▪ Shared understanding of what we need to do be successful ▪ Workforce is developed to deliver outcomes
10. Roadmap	<ul style="list-style-type: none"> ▪ Comprehensive plan is in place to achieve our aims ▪ Effective communications

3.5 Each Key Issue is explored in a more detail in the following sections.

3.6 The Shadow Board discussed these issues at its first meeting on 14 April and that they were the right key issues (albeit not exhaustive) for detailed exploration at the Workshop Session. The Workshop will also be used to define clear outcomes so that we know what we are aiming for.

4 Defining Health and Well Being

4.1 Possible outcomes are:

- *Shared understanding of what “health and well being” means*
- *Shared vision of what we want to achieve for Herefordshire through the new arrangements*
- *Shared understanding of the statutory health and well being requirements for the Board*

Health and Well Being – Some Thoughts

4.2 A fundamental question is: “*what do we mean by health and well being?*” It is important that we reach a shared understanding about this as the basis for developing a shared vision for what we want to achieve for residents through the development of the new arrangements.

4.3 Some initial thoughts about health and well being to illustrate the point are set out below:

- The presumption is that we define health and well being as widely as possible – on that basis anything is within scope if it can be shown that there is a link to well being
- Well being is a much wider term than health and it is often the sense of well being that influences an individual’s health and their resilience
- Well being is often associated with “happiness”, how relevant is that term to this agenda?
- Health incorporates mental health as well as physical health
- Well being can be judged on an individual, family and community basis
- Increasing our focus on well being is likely to require greater use of qualitative measures to determine how people are feeling about their lives, their families and their community
- *And, crucially, there is a strong wish to achieve a step change in Herefordshire, whilst remaining realistic about the challenges that we face*

Health and Well Being – Statutory Requirements

4.4 Health and well being will also be defined by reference to the statutory functions allocated to the HWBB. The current proposals set out in the Health and Social Care Bill are summarised below:

- The HWBB will be a statutory Committee of the Local Authority (LA)
- LAs will be able to delegate other functions to the HWBB

- GP Consortia (GPC) will be able to delegate inherited PCT functions to the LA or HWBB
- There will be flexibility about geographical scope for the HWBB, allowing cross border or more local variants
- Local Authority and the GPC will be jointly responsible for the JSNA (and the Pharmaceutical Needs Assessment), working through the HWBB
- There will be a legal obligation on the LA/GPC to have regard to the JSNA in exercising commissioning functions
- There will be a requirement for the LA/GPC (working through the HWBB) to develop a high level Joint Health and Well Being Strategy having regard to the National Commissioning Board mandate (but no central approval will be required)
- There will be a legal obligation on the LA/GPC to have regard to the Strategy in exercising commissioning functions
- HWBB will be able to look at the totality of resources in the local area for health and well being and how to achieve better value
- There will be a statutory duty on GPC and LA to consider how best to use flexibilities (e.g. pooled budgets)

Vision for the Health and Well Being Board

4.5 Clearly we will need to understand and comply with the statutory requirements. But of greater importance is a shared vision of what we want to achieve for Herefordshire residents – how we will make a difference to health and well being of individuals, families and communities in the county.

4.6 Set out below are some possible headline roles and key outcomes for the Board:

HEALTH AND WELL BEING BOARD – HEADLINE ROLES
<ul style="list-style-type: none"> ▪ <i>Whole system leadership... integrating health, social care and well being across the County</i> ▪ <i>Understanding needs... comprehensive health and well being needs analysis for all ages, for different communities, across all needs</i> ▪ <i>Agreeing priorities.... setting the strategy and commissioning outcomes across all sectors – the widest range of services, the wider determinants of health – to improve outcomes</i>

HEALTH AND WELL BEING BOARD – POSSIBLE KEY OUTCOMES

- *Commissioning against pathways of care, building in prevention alongside direct intervention*
- *Prioritising investment (and disinvestment) and interventions to tackle health inequalities*
- *Successful and community led local health improvement projects, especially in priority localities*
- *A focus for service change – transformational outcomes for people, not simply organisational change*
- *Innovation in service delivery*
- *Increasing collaboration and integration – not simply better partnership working, or just information sharing*
- *Challenging partners and holding them to account at a strategic level*
- *Seeking better value from the system (eg: incorporating QIPP)*
- *Local health and well being improvements*

4.7 The HWBB will not:

- Be the commissioning body... LA and GPC will be responsible for commissioning
- Get involved in detailed management of the system, or day to day performance management... but will need assurance about where this is being done
- Be responsible for scrutiny... there will continue to be a separate local authority health scrutiny committee

4.8 It is fundamental to the future work of the Board and the achievement of health and well being improvements that a shared vision of the Board's role is agreed at the outset.

4.9 A further key question is: where will the Board get its authority from. How will we ensure that it has sufficient influence to make a difference?

5 Operation of the Health and Well Being Board

5.1 Possible outcomes are:

- *Right Board membership*
- *Secretariat in place to support the Board: clear and effective governance*
- *Subject matter expertise (capacity and capability) in place to deliver aims across many agencies*

Membership

5.2 The core membership requirements are set out in the Bill as follows:

- Elected Councillors
- Relevant GP Consortia
- Directors for Adult Social Care, Children's Services and Public Health
- Representative of HealthWatch

5.3 Other members are for local determination. The Shadow Board also currently includes:

- Local Authority Chief Executive
- Primary Care Trust representative
- Voluntary Sector Representative – from The Alliance
- Business Sector Representative
- Wye Valley NHS Trust representative

5.4 The right people round the table will be crucial to success. However, much of the work will not be at meetings of the Board – the intention is that we develop a “health and well being network” across Herefordshire.

5.5 Some questions to consider include:

- Who else should be on the Shadow Board? For example: leisure providers, Head Teacher, lay membership
- What should the Board do itself?
- Do we need (now or later) working or themed groups to support planning and delivery?
- How should we involve Providers in the work of the Board eg: via a Provider forum?
- What would a health and well being network look like, should we base this on the 9 localities?

Secretariat and Subject Matter Expertise

5.6 The Board will need the right support to function effectively, including:

- Lead Officer
- Governance and committee services
- Partnership executive team
- Research and intelligence
- Commissioning advice
- Public health advice

5.7 Herefordshire Council will provide the initial support, but drawing on resources from other partners, notably the PCT and GP Consortium. A partnership team approach will be fundamental to success.

6 Links with Other Parts of the System

6.1 Possible outcomes are:

- *Mapping of relevant stakeholders*
- *Clear understanding of respective roles and responsibilities*
- *Effective communications*

6.2 The HWBB will be pivotal to overseeing the new system of health and social care, but we need to work through how it will relate to other parts of the system. For example:

- *Building the learning from the previous Partnership Board in developing our new local model*
- *How will the GPC and the HWBB interact, how do we support relationship building between the GPC and the local authority?*
- *What are the opportunities to pool commissioning budgets (alongside place based budgets) across the Council and the GPC*
- *How does the HWBB relate to the Herefordshire Partnership and the other thematic groups*
- *How will scrutiny operate with the HWBB?*
- *How will we ensure there is a locality (ie: the 9 areas) aspect to the HWBB? Including identifying priority communities for more intensive work*
- *How will we work with HealthWatch and promote community engagement at all levels?*
- *How will we ensure Cluster/cross border links (West Mercia, Wales etc) are maintained?*

6.3 Some case studies are being produced to illustrate the potential role of the HWBB in the future and interaction with other bodies. The Workshop Session will be used to test possible future scenarios. For example:

- *How joint commissioning/pooled budgets operate*
- *Closure of community health facility*
- *When there is dispute between GP Consortia and the Council about a countywide priority*
- *How would a HWBB manage a proposal like the ICO?*

6.4 These linkages and scenarios will be explored as part of the Workshop discussion.

7 Producing the Joint Strategic Needs Assessment for 2012/13

7.1 Possible outcomes are:

- *Fully integrated assessment of health and well being for all ages*
- *Assessment of the needs of different localities*
- *Alignment of needs assessment and mapping of resources across agencies*

7.2 The JSNA will be the pivotal planning document for the HWBB, leading to the development of the HWB Strategy. What should be the scope and purpose of the JSNA and how will it be different from now? For example:

- *It should describe the total health and well being needs of the area – should this also include safer communities, environmental issues, stronger communities **and** all age ranges?*
- *Should we rename JSNA eg: State of Herefordshire Needs Analysis?*
- *Be strongly evidence based about interventions that work and those that have not (so that can disinvest where necessary)*
- *A greater focus on the needs of different places, not just client groups eg: analysis across the 9 localities (9 local chapters as well as key themes)*
- *Can we start to plan out now what the JSNA will look and feel like for 2012/13?*
- *What are the other key plans and strategies that we need to join up with the new JSNA eg: poverty, housing, employment?*
- *How do we ensure that we also map community resources, working with town and parish councils and the voluntary and community sector?*
- *We must also map where there is duplication of effort, waste, poorly designed services, lack of integration and gaps*
- *The JSNA must build in the voice of people at the outset eg: vulnerable groups, what communities say about their needs and the effectiveness of current actions to meet those needs*

7.3 These questions will be explored at the Workshop Session.

8 Developing an Outline Health and Well Being Strategy

8.1 Possible outcomes are:

- *Comprehensive system wide plan addressing the broad determinants of health and well being*
- *Clear and manageable set of priorities, but with some quick wins*
- *Funding is in place*
- *Measurable improvements in health and well being in Herefordshire*

The Hallmarks of the Health and Well Being Strategy

8.2 We already have a Health Improvement Plan for 2011/12, but we now need to work through what a Health and Well Being Strategy might look like:

- *How will the Strategy be different in process, content and deliver*
- *It will need to be system wide and describe how outcomes will be achieved*
- *It should describe the total health and well being needs of the community (and the different needs of the 9 areas)*
- *How will this differ from the sustainable community strategy?*
- *How will we ensure ownership for delivery across the sectors?*
- *There is little point in joining up needs analysis and planning if commissioning and delivery are not also joined up. How will we achieve this?*

8.3 As well as a strategic approach, where can we focus some collective effort to gain some quick wins that will make an impact on the community?

Building in Prevention

8.4 Linked to the development of the Strategy is need to debate about our approach to prevention, for example:

- The principle of adopting a longer term view, a shift of funding from direct care
- Key interventions across mainstream services that can prevent later and more expensive health and social care
- Return on investment: how we judge investment decisions
- Evidence base: focusing on what works locally or from experience elsewhere
- Disinvestment: being clear that we will need to stop doing some things and redirect funding

8.5 These key questions will be discussed at the forthcoming stakeholder Sessions.

9 Public Accountability and Community Engagement

9.1 Possible outcomes are:

- *High profile for health and well being in Herefordshire*
- *Public engagement in the work of the board*
- *Increase in personal responsibility for health and well being*

9.2 There is a real opportunity to raise the profile of health and well being with Herefordshire residents, community groups, parish councils, local businesses and so on **and** to get genuine engagement.

9.2 But achieving genuine and sustainable community engagement will be one of our greatest challenges. There are three main elements to our objectives here, which are best addressed across the full range of health and social care changes locally:

- *Informing residents about the change and seeking their views about how this should happen locally:* using the 9 locality areas to tailor messages to the distinctive needs of each, bringing together local GPs, Elected Members, local delivery teams, parish councils and voluntary sector groups
- *Seeking to persuade residents to change their behaviour to promote better health for themselves and their families, to use the health and social care system responsibly and to take personal responsibility:* this is a role for all agencies (via the Herefordshire Partnership) in the context of health and well being, where a few simple messages need to be communicated repeatedly
- *Ensuring public involvement in the new system and appropriate local accountability:* this will be a key aim for the Consortium and the Board, working with HealthWatch and the wider VCS across the County

9.3 Amongst the issues that the Board will need to address are:

- Promoting the work of the HWBB and make it real for local people
- Supporting the role of HealthWatch in this
- Link to the new Herefordshire Partnership engagement framework
- Agreeing engagement outcomes
- Integrating engagement teams
- Training community representatives: Neighbourhood HealthWatch/Community Health Champions
- Capacity building in communities facing the greatest health challenges

- Behaviour change – social marketing – big conversation: having the debate about rights and responsibilities
- Engagement in priority setting for the HWB Strategy
- A Plain English version of the HWB Strategy
- Should we develop a health and well being brand for Herefordshire?
- Ensuring that we reach priority or hard to hear groups, eg: the voice of young people
- Social media/digital initiatives

9.4 Community engagement will be one of the key themes for the Workshop event and subsequent stakeholder meetings...

10 Delivery

10.1 Possible outcomes are:

- *Integration of health and well being services, interventions and workforce*
- *Pooled budgets*
- *Local delivery teams working in each of the 9 localities*

10.2 There is little point in joining up needs analysis and planning if commissioning and delivery are not also joined up.

Integration

10.3 Integration will need to encompass:

- Research and intelligence (including customer insight)
- Needs analysis
- Commissioning
- Resource mapping
- Mainstreaming (community safety learning)
- Management
- Local Delivery teams
- Frontline
- Performance management

Pooled Budgets

10.4 The benefits of pooled budgets include:

- Lever for change
- Sharing costs
- Focus on the place, family or individual
- Reducing organisational friction

10.5 The current proposal is that the public health budget will be ring fenced!

10.6 Other resources can also be pooled, not simply statutory service budgets. What are the opportunities here?

Local Delivery Teams

10.7 How will we achieve joined up local delivery? For example:

- *Defining what we mean by local delivery*
- *A HWB Commissioning Team that supports the HWBB*
- *Integration of commissioning teams, linked to the new role for the local authority in supporting the GPC as PCTs are phased out*
- *Integration of local delivery across the 9 areas – there are different locality groups at present*
- *Organisational development interventions to support learning together and working together*

10.8 These are the key questions about delivery for discussion at stakeholder events.

11 Performance Management

11.1 Possible outcomes are:

- *Evidence based performance improvements*
- *Return on investment*
- *Performance outcomes supported by qualitative evidence of effective local delivery*

11.2 The health and well being performance management framework will need to be easy to understand and should build on existing frameworks, rather than result in a separate reporting burden:

- What are the key outcomes for health and well being?
- Are there existing KPIs for Health and Well Being that we should retain or do we take a completely fresh look at what we doing?
- How can we ensure that we give due weight to qualitative data?
- What does the Board need to focus on to add value?
- How do we ensure we have a performance improvement culture across the health and well being workforce?

11.3 The key questions on performance management will be discussed during the coming months in parallel with the outcomes from the stakeholder events.

12 Organisational Development

12.1 Possible outcomes are:

- *Shared understanding of what we need to do be successful*
- *The health and well being workforce is developed and empowered to deliver outcomes*

Development Plan

12.2 The objective of increasing health and well being in Herefordshire, reducing health inequalities, addressing funding constraints and securing system reform is a huge challenge. The Board will need to set out a development plan to ensure that we are equipped for the journey ahead.

12.3 Such a plan may include the following elements:

- SWOT exercise – understanding the challenges
- Relationship building
- Finding a common language
- Agreeing ways of working and our we behave
- Understanding respective roles and responsibilities
- Resolving disputes
- Developing a shared vision
- Scenario planning
- Assessing the capabilities required
- Pooling budgets
- Integrating people
- Better community engagement

12.4 It may be helpful to agree some principles to underpin how we will work together. For example:

- Collective leadership
- Keep it simple
- Collaboration
- Respect for different roles
- Presumption of integration
- Promote local accountability
- Focus on community outcomes
- Evidence led

12.5 Many of these topics are picked up in this discussion paper. The Board will agree the scope of an OD Plan and the support that will be needed to address this.

Workforce Reform

12.6 The second element of workforce reform is equally important. This will need to include:

- Focus on the place
- Focus on the family
- Focus on outcomes
- Joint training
- Make Every Contact Count
- Transfer of public health staff

12.7 The Workshop (and separate cross-sector employee sessions) will be used to highlight key workforce issues that we will need to address.

13 Roadmap

13.1 Possible outcomes are:

- *Comprehensive plan is in place to achieve our aims*
- *Effective communications*
- *Clear links with other major and linked change plans*

13.2 The roadmap will be drawn together as the Board agrees its role and priorities. It will include:

- Key accountabilities
- Resources
- Timescales
- Interdependencies
- Risks

13.3 The development of the Roadmap will be aligned with the Workshop and other stakeholder events over the coming months.